

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026742

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1813

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

FILED JUL 1 1963

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ballwin</u> | | c. CITY OR TOWN <u>ST. LOUIS</u> | |
| Length of stay in 1b <u>7 DAYS</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pine Crest Div. # 1</u> | | d. STREET ADDRESS (If outside, give location) <u>9325 NILES PL.</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles BYRON Pinnell</u> | | | 4. DATE OF DEATH Month Day Year <u>6/6/63</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-11-1921</u> | 9. AGE (last birthday) <u>42</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INVALID</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>CUBA, Mo.</u> | | |
| 11. BIRTHPLACE (City and state or country) <u>U.S.A.</u> | | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>FRANK B. PINNELL</u> | | | 13b. MOTHER'S MAIDEN NAME <u>GRACE MINOR</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of serv) <u>NO</u> | | | 16. SOCIAL SECURITY NO. <u>Grace Pinnell, St. Louis, Mo.</u> | | |
| 17. INFORMANT <u>Grace Pinnell, St. Louis, Mo.</u> | | | Address | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CHRONIC MYOCARDITIS</u> DUE TO (b) <u>CEREBRAL PALSY</u> DUE TO (c) <u>SINCE CHILD</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>?</u> |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>NONE</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |

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| 21. I attended the deceased from <u>MAY 30, 1963</u> to <u>JUNE 6, 1963</u> and last saw him alive on <u>JUNE 6, 1963</u> Death occurred at <u>1:50 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE (Degree or title) <u>B.R. Loving, M.D.</u> | 22b. ADDRESS <u>134LLWIN, Mo.</u> | 22c. DATE SIGNED <u>6-6-63</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 23b. DATE <u>6-8-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>KINDER CEM.</u> | 23d. LOCATION (City, town, or county) (State) <u>CUBA, Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>SHANKLIN FUNERAL HOME, CUBA, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>6-7-63</u> | 26. REGISTRAR'S SIGNATURE <u>John B. Mungley, M.D.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/591 40152 4000

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard Bopp

Licensed Embalmer No.

4584

P. O. Address

Bellewin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.